

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

PRIMARY REG. DIST. NO.

1003

State File No. 31882

Registrar's No. 8021

BIRTH NO.

REG. DIST. NO.

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1003

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 10 4239a Gano Ave. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Carleton b. (Middle) Olds c. (Last) Roblee		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 9/27/81
9. AGE (In years last birthday) 68		10. MONTHS 11	11. DAYS 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 1943 Clerk		10b. KIND OF BUSINESS OR INDUSTRY War Dep't	
11. BIRTHPLACE (State or foreign country) Mankato, Minn. /		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Andrew Roblee		13b. MOTHER'S MAIDEN NAME ?	
14. NAME OF HUSBAND OR WIFE Viva Bishop		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Viva Bishop Roblee, 4239a Gano Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular atherosclerosis years DUE TO (c) Hypertension years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Apr. 19 50, to Sept. 18, 19 50, that I last saw the deceased alive on Sept. 18, 19 50, and that death occurred at 9:30 P.m., from the causes and on the date stated above.			
23a. SIGNATURE Aim F. Beane 0		23b. ADDRESS M. D. 3720 Washington Blvd.	
23c. DATE SIGNED 9/20/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5		24b. DATE 9/21/50	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Decatur, Ill.	
DATE REC'D BY LOCAL REG. SEP 22 1950		REGISTRAR'S SIGNATURE J. B. Lacater	
25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary, 66 33 Clayton rd.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert K. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.